

Testimony of AARP Before the Human Services Committee On S.B. 9, S.B. 128, H.B. 5560, H.B. 6218 February 10, 2011

AARP is a nonprofit, non-partisan organization with nearly 600,000 Connecticut members. AARP helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. On behalf of Connecticut members and adults 50+, we are pleased to offer the following written testimony.

S.B. 9 AAC Medicaid Eligibility

AARP supports increasing Medicaid eligibility if doing so would provide adequate health care coverage for additional uninsured residents and maximize federal funding opportunities in the federal Affordable Care Act. Medicaid is a fundamental safety net program delivering health care to vulnerable low-income individuals and expanding eligibility can be an efficient and effective way to assure quality coverage and access to care. Additionally, Connecticut should make outreach efforts an integral component of Medicaid and undertake outreach strategies to expand program enrollment.

While these changes are necessary to provide adequate health care to more of our residents, they are not sufficient to ensure access to quality health care in our state. Connecticut must also ensure the highest level of Medicaid participation among all health care providers. Without sufficient health care providers accepting Medicaid, access to adequate health care will be in jeopardy.

S.B. 128 AAC Expansion of the ConnPACE Application Period

AARP supports the expansion of the ConnPACE enrollment period, allowing additional opportunity for Connecticut's older residents and people with disabilities to access this important prescription drug benefit.

We opposed the creation of a ConnPACE open enrollment when the proposal was adopted two years ago as part of the state budget.¹ We believe that an open enrollment period restricts access to prescription drugs. Currently, the annual open enrollment period extends from November 15 to December 31, coinciding with the open enrollment period for Medicare Part D. The only individuals accepted outside the open enrollment period are those that apply within 31 days of turning 65 years old or becoming eligible for Social Security Disability or Supplemental Security Income.

The ConnPACE open enrollment period combined with the recent increase in the enrollment fee (from \$30 to \$45)² are significant barriers to seniors trying to get access this prescription drug

¹ PA-09-05, SSS October 2009

⁴ Id

program. For instance, if a senior is unable to come up with the \$45 enrollment fee by the end of December, he or she would be locked out of ConnPACE for the entire year rather than simply delaying his/her enrollment until they had enough money to cover the enrollment fee.

Fortunately, recent changes in the Medicare Savings Program (ConnPACE Plus) have ameliorated the situation. Under a 2009 law³, Connecticut effectively extended eligibility for the Medicare Savings Program to people with incomes as high as the ConnPACE limits. The state covers the Medicare Part A or Part B premiums, or both, for Medicare Savings Program (MSP) participants. And, by qualifying for MSP the individual is also deemed eligible for another federal program, which pays some or all of their Medicare Part D drug premium and charges during the "doughnut hole." Moreover, MSP does not limit enrollment to an open enrollment period, thus it may be an alternative benefit to help seniors and persons with disabilities access health and prescription drug coverage.

However, there will still be people who need to remain on ConnPACE and for those individuals the open enrollment period remains a burden. AARP supports efforts to extend or eliminate the ConnPACE open enrollment period.

H.B. 5560 AAC an Evaluation of the Medicaid Program

AARP supports an independent evaluation of the Medicaid program that recommends improvements in coverage, access and quality. AARP supports the broad parameters outlined in H.B. 5560 for evaluation, including strengths and weaknesses of the current program and benchmarking with other state practices. We also believe quality protections should be given the same priority as costs and access issues and consumers should have a strong voice in any efforts to restructure Medicaid.

When considering recommendations to restructure Medicaid, AARP believes that efforts should:

- maintain the government's benefit guarantee, so that all who qualify for Medicaid will be covered, and maintain the entitlement nature of Medicaid funding—Medicaid funding should not be furnished through a block grant or limited for necessary services;
- ensure the highest level of Medicaid participation among health care providers;
- maintain and improve current consumer protections;
- increase participation among eligible people of all ages;
- adopt financing policies and payment strategies that do not compromise access and quality; and
- provide long-term care services that reflect the needs and preferences of beneficiaries and their families, and provide a choice between home and community support services and services in nursing facilities.

AARP looks forward to participating in any discussions to restructure and improve the Medicaid program in Connecticut.

³ *Id*.

H.B. 6218 AA Establishing a Task Force on Safety Net Services

AARP supports the establishment of a task force to look at safety net services. Given the budget shortfalls expected over the next several years, it is important that Connecticut consider ways to maximize federal funding and improve service deliver to maximize support given to individuals in need of safety net services. AARP also supports the inclusion of consumer voices and non-profit stakeholders on the safety net task force so Connecticut can leverage the work of non-profit and community organizations to augment safety net programs. AARP would be willing to serve on this taskforce and offer our support in consumer outreach, consumer education and maximizing participation in AARP's free community programs and services.